FOR OHF USE

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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0046524

Facility Name: GOVERNOR'S PARK OF BARRINGTON

Address: 1420 SOUTH BARRINGTON ROAD (Number) BARRINGTON (City) 60010 (Zip Code)

County: COOK

Telephone Number: (847) 382-6664 **Fax #** (847) 382-6395

IDPA ID Number: 77-06106669

Date of Initial License for Current Owners:

Type of Ownership:

[ ]	VOLUNTARY,NON-PROFIT	[X]	PROPRIETARY	[ ]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[X]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: STEVEN M. KROLL **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/05 to 12/31/05 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) STEVEN M. KROLL

(Title) CFO

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	150	Skilled (SNF)	150	54,750	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	150	TOTALS	150	54,750	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	18,900	8,075	10,299	37,274	8
9	SNF/PED					9
10	ICF	2,680	530	237	3,447	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	21,580	8,605	10,536	40,721	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.38%

D. How many bed-hold days during this year were paid by the Department?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
n/a

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 12/1/03

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 75 and days of care provided 9,782

Medicare Intermediary ADMINISTAR FEDERAL

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	319,655	25,817	9,600	355,072	846	355,918	(5,126)	350,792			1
2	Food Purchase		270,718		270,718	(29,249)	241,469	(10,682)	230,787			2
3	Housekeeping	155,017	41,811		196,828	667	197,495		197,495			3
4	Laundry	52,838	20,285		73,123	156	73,279		73,279			4
5	Heat and Other Utilities			187,359	187,359		187,359	(7,606)	179,753			5
6	Maintenance	46,716		132,442	179,158	96	179,254	6,902	186,156			6
7	Other (specify):* Related Party Salary							36,428	36,428			7
8	TOTAL General Services	574,226	358,631	329,401	1,262,258	(27,484)	1,234,774	19,916	1,254,690			8
	B. Health Care and Programs											
9	Medical Director			36,000	36,000		36,000		36,000			9
10	Nursing and Medical Records	1,947,793	342,984	246,268	2,537,045	(199,680)	2,337,365	1,155	2,338,520			10
10a	Therapy	90,405			90,405		90,405		90,405			10a
11	Activities	81,863	2,022	2,751	86,636	82	86,718		86,718			11
12	Social Services	34,839			34,839		34,839		34,839			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related Party Salary							20,600	20,600			15
16	TOTAL Health Care and Programs	2,154,900	345,006	285,019	2,784,925	(199,598)	2,585,327	21,755	2,607,082			16
	C. General Administration											
17	Administrative	145,907			145,907		145,907		145,907			17
18	Directors Fees											18
19	Professional Services			734,245	734,245		734,245	(533,482)	200,763			19
20	Dues, Fees, Subscriptions & Promotions			76,435	76,435	(4,889)	71,546	(56,797)	14,749			20
21	Clerical & General Office Expenses	168,134	24,007	131,803	323,944	4,672	328,616	(22,334)	306,282			21
22	Employee Benefits & Payroll Taxes			572,430	572,430	31,663	604,093	(5,213)	598,880			22
23	Inservice Training & Education					38,244	38,244		38,244			23
24	Travel and Seminar			4,922	4,922	625	5,547	11,774	17,321			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			165,773	165,773		165,773	11,468	177,241			26
27	Other (specify):* Related Party Salary			155,576	155,576		155,576	171,521	327,097			27
28	TOTAL General Administration	314,041	24,007	1,841,184	2,179,232	70,315	2,249,547	(423,063)	1,826,484			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,043,167	727,644	2,455,604	6,226,415	(156,767)	6,069,648	(381,392)	5,688,256			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON #0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			27,159	27,159	(8,194)	18,965	214,618	233,583			30
31	Amortization of Pre-Op. & Org.							47,918	47,918			31
32	Interest			67,868	67,868		67,868	972,618	1,040,486			32
33	Real Estate Taxes							358,705	358,705			33
34	Rent-Facility & Grounds			1,252,682	1,252,682		1,252,682	(1,252,682)				34
35	Rent-Equipment & Vehicles			11,844	11,844		11,844	20,096	31,940			35
36	Other (specify):*							2,276	2,276			36
37	**TOTAL Ownership**			1,359,553	1,359,553	(8,194)	1,351,359	363,549	1,714,908			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	515,493	907,253	1,404,103	2,826,849	164,961	2,991,810	(24,671)	2,967,139			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		55		55		55	(55)				41
42	Provider Participation Fee			75,150	75,150		75,150		75,150			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**	515,493	907,308	1,479,253	2,902,054	164,961	3,067,015	(24,726)	3,042,289			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,558,660	1,634,952	5,294,410	10,488,022		10,488,022	(42,569)	10,445,453			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Alden Nursing Center Governers Park #0046524
Reporting Period Beginning 1/1/2005
Reporting Period Ending 12/31/2005

Reclassifications Pgs 3 and 4

From Line	To Line	Amount	Description
2		(29,249.00)	Employee Meal
	22	29,249.00	Employee Meal
22		(5,780.00)	Uniforms
	10	3,525.00	Uniforms
	1	846.00	Uniforms
	3	667.00	Uniforms
	11	81.00	Uniforms
	21	408.00	Uniforms
	4	156.00	Uniforms
	6	97.00	Uniforms
10		(164,961.00)	Oxygen
	39	164,961.00	Oxygen
10		(38,244.00)	Dart Expense
	23	38,244.00	Dart Expense
20		(990.00)	Employee Background Checks
	21	990.00	Employee Background Checks
20		(2,400.00)	Ehealth Data Solutions
	21	2,400.00	Ehealth Data Solutions
20		(993.00)	Ext Care Info Network
	21	993.00	Ext Care Info Network

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(7,581)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(475)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,018)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(41,294)	21		17
18	Fines and Penalties	(2,048)	32		18
19	Entertainment	(993)	20		19
20	Contributions	(1,160)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,756)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(155,577)	27		24
25	Fund Raising, Advertising and Promotional	(51,261)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(37)	20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (267,200)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	359,300	Pg6's	34
35	Other- Attach Schedule	(134,669)	Pg5a	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 224,631		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (42,569)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

GOVERNOR'S PARK OF BARRINGTON

ID# 0046524

Report Period Beginning: 01/01/05

Ending: 12/31/05

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Late Fees on Utilities	$ (9,723)	5	1
2	Gift Shop Expenses	(55)	41	2
3	Non-allowable interest expense	(65,820)	32	3
4	Jury Duty	(34)	21	4
5	Marketing Manager	(32,407)	21	5
6	Medical Records	(360)	10	6
7	Food Rebates	(253)	2	7
8	Back out 32.97% of PAC portion of IHCA	(2,730)	20	8
9	Employee Benefits for Marketing Mgr	(5,213)	22	9
10	bank charges on related party - Barrington Pg 6	(87)	21	10
11	Real Estate Tax Correction	4,905	33	11
12	Depreciation	4,981	30	12
13	Eliminate refundable legal fees	(736)	19	13
14	Eliminate Portion of Non-care related Interest	(18,672)	32	14
15	Eliminate Portion of Non-care related Real Est. Tax	(7,425)	33	15
16	Chamber of Commerce dues	(1,040)	20	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(134,669)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	(5,126)	0	0	0	0	0	0	0	(5,126)	1
2	Food Purchase	(9,852)	0	0	(830)	0	0	0	0	0	0	0	(10,682)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(9,723)	0	2,117	0	0	0	0	0	0	0	0	(7,606)	5
6	Maintenance	0	0	6,304	0	0	0	598	0	0	0	0	6,902	6
7	Other (specify):*	0	0	31,734	4,694	0	0	0	0	0	0	0	36,428	7
8	**TOTAL General Services**	(19,575)	0	40,155	(1,262)	0	0	598	0	0	0	0	19,916	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(360)	0	0	3,834	(2,319)	0	0	0	0	0	0	1,155	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	20,600	0	0	0	0	0	0	0	0	20,600	15
16	**TOTAL Health Care and Programs**	(360)	0	20,600	3,834	(2,319)	0	0	0	0	0	0	21,755	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(5,492)	279	(528,269)	0	0	0	0	0	0	0	0	(533,482)	19
20	Fees, Subscriptions & Promotions	(57,221)	0	424	0	0	0	0	0	0	0	0	(56,797)	20
21	Clerical & General Office Expenses	(73,822)	87	22,239	18,105	11,057	0	0	0	0	0	0	(22,334)	21
22	Employee Benefits & Payroll Taxes	(5,213)	0	0	0	0	0	0	0	0	0	0	(5,213)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	11,774	0	0	0	0	0	0	0	0	11,774	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	11,291	177	0	0	0	0	0	0	0	0	11,468	26
27	Other (specify):*	(155,577)	0	288,073	26,792	12,233	0	0	0	0	0	0	171,521	27
28	**TOTAL General Administration**	(297,325)	11,657	(205,582)	44,897	23,290	0	0	0	0	0	0	(423,063)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(317,260)	11,657	(144,827)	47,469	20,971	0	598	0	0	0	0	(381,392)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	4,981	199,741	8,035	0	1,861	0	0	0	0	0	0	214,618	30
31	Amortization of Pre-Op. & Org.	0	46,780	1,138	0	0	0	0	0	0	0	0	47,918	31
32	Interest	(87,015)	1,002,968	49,667	0	2,078	4,920	0	0	0	0	0	972,618	32
33	Real Estate Taxes	(2,520)	355,782	4,630	0	813	0	0	0	0	0	0	358,705	33
34	Rent-Facility & Grounds	0	(1,252,682)	0	0	0	0	0	0	0	0	0	(1,252,682)	34
35	Rent-Equipment & Vehicles	0	0	20,096	0	0	0	0	0	0	0	0	20,096	35
36	Other (specify):*	0	2,276	0	0	0	0	0	0	0	0	0	2,276	36
37	**TOTAL Ownership**	(84,554)	354,865	83,566	0	4,752	4,920	0	0	0	0	0	363,549	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(205,533)	(58,754)	239,616	0	0	0	0	0	(24,671)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(55)	0	0	0	0	0	0	0	0	0	0	(55)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(55)	0	0	(205,533)	(58,754)	239,616	0	0	0	0	0	(24,726)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(401,869)	366,522	(61,261)	(158,064)	(33,031)	244,536	598	0	0	0	0	(42,569)	45

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Limited	100%	See pg 6K		See pg 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	$ 1,252,682	Barrington Building Partnership		$	$ (1,252,682)	1
2	V				Barrington Building Partnership				2
3	V	19	Accounting Fees		Barrington Building Partnership		250	250	3
4	V	19	Misc Admin Exp		Barrington Building Partnership		29	29	4
5	V	21	Bank Charges		Barrington Building Partnership		87	87	5
6	V	33	Real Estate Tax Expense		Barrington Building Partnership		355,782	355,782	6
7	V	32	Interest on Mortgage note		Barrington Building Partnership		1,002,968	1,002,968	7
8	V	26	Property and Liability Ins		Barrington Building Partnership		11,291	11,291	8
9	V	36	Mortgage Ins Premium		Barrington Building Partnership		2,276	2,276	9
10	V	30	Depreciation		Barrington Building Partnership		199,741	199,741	10
11	V	31	Amortization		Barrington Building Partnership		46,780	46,780	11
12	V								12
13	V								13
14	Total			$ 1,252,682			$ 1,619,204	$ * 366,522	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional Fees	$ 539,993	Alden Management Services		$ 11,724	$ (528,269)	15
16	V	21	Gen'l & Admin		Alden Management Services		22,239	22,239	16
17	V	5	Utilities		Alden Management Services		2,117	2,117	17
18	V	6	Repair/Mainten.		Alden Management Services		6,304	6,304	18
19	V	24	Travel/Seminar		Alden Management Services		11,774	11,774	19
20	V	26	Insurance		Alden Management Services		177	177	20
21	V	20	Dues/Subscriptions		Alden Management Services		424	424	21
22	V	30	Depreciation		Alden Management Services		8,035	8,035	22
23	V	31	Amortization		Alden Management Services		1,138	1,138	23
24	V	33	Real Estate Taxes		Alden Management Services		4,630	4,630	24
25	V	35	Rent-Equip & Vehic		Alden Management Services		20,096	20,096	25
26	V	32	Interest		Alden Management Services		49,667	49,667	26
27	V	7	Gen'l Service Salary		Alden Management Services		31,734	31,734	27
28	V	15	Health Care Salary		Alden Management Services		20,600	20,600	28
29	V	27	Gen'l & Admin Salary		Alden Management Services		288,073	288,073	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 539,993			$ 478,732	$ * (61,261)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	Tube Feeding	$ 48,101	Prism Health Care		$ 47,271	$ (830)	15
16	V	1	Dietary Consultant	9,600	Prism Health Care		4,474	(5,126)	16
17	V	7	Dietary Salary and Wages		Prism Health Care		4,694	4,694	17
18	V	10	Equipment Rental	3,060	Prism Health Care		6,894	3,834	18
19	V	39	Supplies	373,153	Prism Health Care		99,806	(273,347)	19
20	V	39	Vent Rental		Prism Health Care		67,814	67,814	20
21	V	27	Genl & Admin Salaries		Prism Health Care		26,792	26,792	21
22	V	21	Genl & Admin Expenses		Prism Health Care		18,105	18,105	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 433,914			$ 275,850	$ * (158,064)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	$ 210,714	Forum Extended Care II		$ 299,895	$ 89,181	15
16	V	39	I.V.	171,831	Forum Extended Care II		25,100	(146,731)	16
17	V	39	Wound Care Kits	5,548	Forum Extended Care II		4,344	(1,204)	17
18	V	10	House Stock	8,124	Forum Extended Care II		7,205	(919)	18
19	V	10	Pharmacy Consulting	10,910	Forum Extended Care II		9,510	(1,400)	19
20	V	27	Employee Vaccination	1,804	Forum Extended Care II		1,412	(392)	20
21	V	27	General & Admin. Salaries		Forum Extended Care II		12,625	12,625	21
22	V	21	General & Admin.		Forum Extended Care II		11,057	11,057	22
23	V	32	Interest		Forum Extended Care II		2,078	2,078	23
24	V	33	Real estate tax		Forum Extended Care II		813	813	24
25	V	30	Depreciation		Forum Extended Care II		1,861	1,861	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 408,931			$ 375,900	$ * (33,031)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	$ 1,371,992	Community Physical Therapy	100.00%	$ 1,611,608	$ 239,616	15
16	V	32	Interest		Community Physical Therapy		4,920	4,920	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,371,992			$ 1,616,528	$ * 244,536	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	$ 25,476	Alden Bennett Construction		$ 26,074	$ 598	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 25,476			$ 26,074	$ * 598	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	CEO	100.00	134,532	1.424	3.56	salary	$ 4,968	27-7	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin	0.00	73,056	1.424	3.56	salary	2,698	15-7	2
3	Terry Magnusson c.	Maint. Supervisor	construct/maint	0.00	48,802	1.424	3.56	salary	1,834	7-7	3
4											4
5											5
6	a. Floyd Schlossberg is the President and sole stockholder of The Alden Group, Limited										6
7	b. Lauren is the daughter of Floyd Schlossberg										7
8	c. Terry is the son-in-law of Floyd Schlossberg										8
9											9
10											10
11											11
12											12
13								TOTAL	$ 9,500		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services
Street Address: 4200 W. Peterson
City / State / Zip Code: Chicago, IL 60646
Phone Number: (773-286-3883
Fax Number: (773-286-8038

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		See Page 8A(Same as page 6A)				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Cambridge		X	mortgage loans	$78,136.43	12/05	$ 9,544,726	$ 9,544,726	1/1/2047	5.7700	$ 15,089	1
2	HBCC		X	mortgage loans		12/1/03	6,000,000		12/05/05	4.0000	713,314	2
3	Omega		X	mortgage loans		12/1/03	3,000,000		11/20/08	10.5000	274,565	3
4	Eliminate non-care interest										(18,672)	4
5												5
	Working Capital											
6	related party - AMS & other	X		working capital							49,667	6
7	related party - CPT	X		working capital							4,920	7
8	related party - FECII	X		working capital							2,078	8
9	TOTAL Facility Related				$78,136.43		$ 18,544,726	$ 9,544,726			$ 1,040,961	9
	B. Non-Facility Related*											
10	Int income on corp (GL 4646 4975)										(475)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (475)	14
15	TOTALS (line 9+line14)						$ 18,544,726	$ 9,544,726			$ 1,040,486	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 2,276 Line # 36

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON **#** 0046524 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2004 report.	$ 405,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$ 377,187	2
3. Under or (over) accrual (line 2 minus line 1).	$ (27,813)	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)	$ 388,500	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND** $ ** **For** **Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$ 360,687	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2000	n/a	8
2001	n/a	9
2002	n/a	10
2003	n/a	11
2004	377,187	12

Accrual is based on a 3% increase over prior year bill ($377,186)

Less: adjustment to eliminate portion (7,425) for non-care taxes.

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2004	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME GOVERNOR'S PARK OF BARRINGTON COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0046524

CONTACT PERSON REGARDING THIS REPORT STEVEN M. KROLL

TELEPHONE (773) 286-3883 FAX #: (773) 286-2689

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	01-12-107-106-0000	Building	$ 355,174.00	$ 355,174.00
2.	01-12-107-017-0000	Parking Lot	$ 22,012.00	$ 22,012.00
3.	SEE	Related Party-Alden Management	$ 130,007.00	$ 4,630.00
4.	ATTACHED	Related Party - Forum	$ 15,792.00	$ 813.00
5.	Less: Non-care portion of taxes		$	$ (7,425.00)
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 522,985.00	$ 375,204.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,500 B. General Construction Type: Exterior brick Frame steel Number of Stories one

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	150 Bed Facility		2003	$ 1,158,976	1
2					2
3	TOTALS			$ 1,158,976	3

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	related party-forum			1978	$ 14,541	$	25	$	$	$ 14,541	4
5											5
6	Building Acquisition			2003	6,943,811	178,069	39	178,069		370,953	6
7											7
8											8
	Improvement Type**										
9					$	$		$	$		9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	ABC-	2004	$ 14,644	$ 1,464	10	$ 1,464	$	$ 2,196	37
38	ABC-Water Heater	2004	17,865	1,191	10	1,191		2,233	38
39	Oak Fire and Security-Fire alarm control panel	2004	6,400	640	10	640		800	39
40	Oak Fire and Security-Air handler shutdown	2004	3,120	312	10	312		390	40
41	ABC-37 gallon water heater	2004	7,274	606	12	606		788	41
42	Top Notch Kitchen Repair	2004	1,606	161	10	161		174	42
43	Polina Landscape(sod, soil and clay)	2004	7,388	616	12	616		1,232	43
44	Central Sprinklers Auto-repair sprinkler system	2005	13,721	1,372	10	1,372		1,372	44
45	CSAS-replace dry spinkler	2005	3,495	291	10	291		291	45
46	CSAS-replace dry spinkler	2005	1,843	154	10	154		154	46
47	GT Mechanical-replace fans	2005	1,681	140	10	140		140	47
48	Top Notch-dishwasher(pump/impe	2005	4,490	112	10	112		112	48
49	ABC Repair damaged sewer line	2005	11,445	95	10	95		95	49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 7,053,324	$ 185,223		$ 185,223	$	$ 395,472	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 7,053,324	$ 185,223		$ 185,223	$	$ 395,472	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	4
5	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	5
6	Leasehold Improvement-Tenant Improvement	1987	893		13			893	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,203	200	16	200		2,204	8
9	Leasehold Improvement-Build.Improv.	1996	1,129	71	16	71		702	9
10	Leasehold Improvement-Asphalting	2000	88		3			88	10
11	Leasehold Improvement-DAI	2001	154	15	10	15		64	11
12	Leasehold Improvement-Bathrooms	2002	667	76	7	76		242	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		491	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,801	329	7	329		465	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	123	25	5	25		117	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	27
28	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		1,997	28
29	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		2,072	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	12,928	306	30	306		2,139	33
34	TOTAL (lines 1 thru 33)		$ 7,134,560	$ 187,830		$ 187,830	$	$ 455,612	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 540,089	$ 42,374	$ 42,374	$		$ 86,251	71
72	Current Year Purchases	37,499	2,269	2,269			2,269	72
73	Fully Depreciated Assets	58,934	999	999			58,934	73
74								74
75	TOTALS	$ 636,522	$ 45,642	$ 45,642	$		$ 147,454	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Related Party AMS	Various Bus/Autos	1998-2004	$ 4,706	$ 111	$ 111	$	3	$ 4,638	76
77	Car Engine/Bus, Van	Various Dodge	1998-2004	8,164				3	8,164	77
78										78
79										79
80	TOTALS			$ 12,870	$ 111	$ 111	$		$ 12,802	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 8,942,928	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 233,583	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 233,583	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 615,868	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related Party - Rent cost not allowed
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. [X] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: [ ] YES [X] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 12/31/03
Ending 11/20/08

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/2006	$ 1,203,000
13.	12/31/2007	$ 1,203,000
14.	12/31/2008	$ 1,203,000

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO
16. Rental Amount for movable equipment: $ 11,844 Description: copy machine lease
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19	Related party-AMS		#######	20,096	19
20					20
21	TOTAL		$ #######	$ 20,096	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

   Skilled nurses on site

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	$		$ 329,536	$		$ 329,536	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			97,807			97,807	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			360,744			360,744	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG 16A	# of prescrpts				153,164		153,164	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39-1, 39-3		33,028		35,867	146,007		214,902	12
13	Other (specify):	See PG 16A		482,464		763,540	564,982		1,810,986	13
14	TOTAL			$ 515,492		$ 1,587,494	$ 864,153		$ 2,967,139	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Page 16
Col 5: PT,OT, & ST
XIV. Special Services (Direct Cost) Col 6: Supplies

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.		
1. OT	39-3	To Col	329,535.81	
2. ST	39-3	To Col	97,807.12	
3.				
4. PT	39-3	To Col	360,743.75	
5.				
6.				
7.				
8.				
Phamacy Supplies per GL			210,714.26	
Manual Input from Related Party- Forum Drugs			89,181.00	See PG 6C
Manual Input: Related Party FECII - I.V.			(146,731.00)	See PG 6C
9. Total to line 9 Pharmacy	See Pg 16A	To Col	153,164.26	
10.				
11.				
12. Exceptional Care-Salaries:	See pg 16A	To Col	515,492.00	
12. Exceptional Care-Supplies:	See pg 16A	To Col	146,006.59	
Total Exceptional Care (Line 12, Col 8)			661,498.59	
13. Other:	See Pg 16A			
13. Col 5: Manual Input: Related Party - CPT		To C	239,616.00	See PG 6D
Other			1,166,549.00	
Manual Input: Related Party - Pyramid			(205,533.00)	See PG 6B
Manual Input: Related Party Wound Vac			(1,205.00)	See PG 6C
Oxygen, from reclass worksheet			164,961.00	See PG Reclas
13. Col 6: Supplies Total		To Col	1,124,772.00	
13. Total Line 13, Column 8			1,364,388.00	
14. Total			2,967,139	2,451,485.10
				515,653.43

STATE OF ILLINOIS

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/05 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ (124,399)	$ (106,103)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 199,391)	2,109,174	2,109,176	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	2,220	91,367	7
8	Accounts Receivable (owners or related parties)	81,130	650,886	8
9	Other(specify): due from 3rd parties			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,068,125	$ 2,745,326	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,158,976	13
14	Buildings, at Historical Cost		6,933,811	14
15	Leasehold Improvements, at Historical Cost	94,971	94,971	15
16	Equipment, at Historical Cost	120,273	520,273	16
17	Accumulated Depreciation (book methods)	(30,812)	(452,326)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe land		3,600	22
23	Other(specify): Arch Eng/Refinance fees		810,790	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 184,432	$ 9,070,095	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,252,557	$ 11,815,421	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 2,254,940	$ 2,277,979	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	278,947	278,946	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	302,926	302,926	30
31	Accrued Taxes Payable (excluding real estate taxes)	55,089	55,089	31
32	Accrued Real Estate Taxes(Sch.IX-B)		388,500	32
33	Accrued Interest Payable		15,089	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accr ins, exps, idpa, sales tax, etc	161,427	161,427	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,053,329	$ 3,479,956	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,544,726	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 9,544,726	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,053,329	$ 13,024,682	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (800,772)	$ (1,209,261)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,252,557	$ 11,815,421	48

***(See instructions.)**

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (252,312)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (252,312)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(548,460)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (548,460)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (800,772)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,452,916	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,452,916	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	252,663	6
7	Oxygen	111,701	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 364,364	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	250	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	7,581	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	7,686	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	105,228	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 120,745	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	475	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 475	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income	648	28
28a	Recovery of Bad Debts	414	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,062	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,939,562	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,262,258	31
32	Health Care	2,784,925	32
33	General Administration	2,179,232	33
	B. Capital Expense		
34	Ownership	1,359,553	34
	C. Ancillary Expense		
35	Special Cost Centers	2,826,904	35
36	Provider Participation Fee	75,150	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,488,022	40
41	**Income before Income Taxes (line 30 minus line 40)****	(548,460)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (548,460)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	400	400	$ 13,846	$ 34.62	1
2	Assistant Director of Nursing	80	80	1,428	17.85	2
3	Registered Nurses	29,630	31,146	939,955	30.18	3
4	Licensed Practical Nurses	14,692	15,506	395,472	25.50	4
5	CNAs & Orderlies	75,228	78,287	1,047,206	13.38	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,341	2,435	32,358	13.29	8
9	Activity Director	1,936	2,032	38,893	19.14	9
10	Activity Assistants	4,104	4,256	42,970	10.10	10
11	Social Service Workers	1,837	1,925	34,839	18.10	11
12	Dietician					12
13	Food Service Supervisor	1,886	2,225	40,024	17.99	13
14	Head Cook	3,524	3,799	54,144	14.25	14
15	Cook Helpers/Assistants	20,610	21,187	225,487	10.64	15
16	Dishwashers					16
17	Maintenance Workers	2,056	2,114	46,716	22.10	17
18	Housekeepers	15,665	16,363	155,017	9.47	18
19	Laundry	5,527	5,750	52,838	9.19	19
20	Administrator	3,256	3,320	145,907	43.95	20
21	Assistant Administrator					21
22	Other Administrative	3,778	3,898	103,755	26.62	22
23	Office Manager	2,024	2,072	29,361	14.17	23
24	Clerical	2,402	2,449	19,717	8.05	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,624	4,808	106,321	22.11	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Marketing Directo	1,152	1,200	32,406	27.01	33
34	TOTAL (lines 1 - 33)	196,752	205,252	$ 3,558,660 *	$ 17.34	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	800/Monthly	$ 9,600	1-3	35
36	Medical Director	3,500/Monthly	42,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	64	2,880	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	64	$ 54,480		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Carrie Groulx	Administrator	0	$ 57,629
Seth Hicks	Administrator	0	88,278
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 145,907

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management	Management Fees	$ 539,993
BDO Seidman	Accounting Fees	2,502
Ken Fisch	Legal Fees	15,533
Medi-com	Billing Consultants	303
Greenburg	Legal Fees	683
SMS	Billing Consultants	680
MAS	Software Consulting	770
Dana	401K Consulting	906
Record Copy	Medical records	4,780
Eisenburg	Legal Fees	165,589
Fisch	Legal Fees Collections	2,506
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 734,245

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 88,798
Unemployment Compensation Insurance	94,821
FICA Taxes	259,378
Employee Health Insurance	106,804
Employee Meals	29,249
Illinois Municipal Retirement Fund (IMRF)*	
Union,Health, Welfare	9,405
Pension	1,736
dental & life insur	(6)
miscell empl costs/Employee Relations	4,703
vaccinations/drug tests/401K/Tuition Reimb	9,205
Marketing Employ.Benefit deduction	(5,213)
TOTAL (agree to Schedule V, line 22, col.8)	$ 598,880

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	5,815
Health Care Worker Background Check	119
(Indicate # of checks performed 17)	
Surety Bonds	700
Il Health Care Assoc (less Pac portion)	7,691
related party-ams	424
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 14,749

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Related Party - AMS	11,774
auto & travel	685
gasoline	2,045
Seminar Expense	
IHCA	2,192
Deming Seminar	625
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 17,321

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	n/a		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/05 Ending: 12/31/05

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **IL Health Care Assoc - $10,420**

(3) Did the nursing home make political contributions or payments to a politica
action organization? **Yes** If YES, have these costs
been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the
end of the fiscal year? **No** If YES, what is the capacity? **NA**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ **19,045** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures
consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **NA**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions fo
Schedule VII)? YES NO **X** If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Departmen
during this cost report period. $ **75,150**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V
for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed tc
the Department, in addition to the daily rate, been properly classifiec
in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services fo
the patient census listed on page 2, Section B? **No** For example,
is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach
a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits
on Schedule V. $ **29,249** Has any meal income been offset against
related costs? **No** Indicate the amount. $ **NA**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation fo
residents? **No** If YES, please indicate the amount of income earned from such a
program during this reporting period. $ **NA**
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all othe
times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted
out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **NA**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **BDO Seidman** The instructions for the
cost report require that a copy of this audit be included with the cost report. Has this copy
been attached? **No** If no, please explain. **Not Yet Completed**

(18) Have all costs which do not relate to the provision of long term care been adjusted out
out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services
performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees